PRINTED: 01/08/2019 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: C B. WING IL6001929 11/28/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1000 DIXON AVENUE** SAUK VALLEY SENIOR LIVING ROCK FALLS, IL 61071 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID. PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S 000 Initial Comments \$ 000 Complaint Investigation 18171612/IL107502 \$9999 Final Observations S9999 Statement of Licensure Violations 300.610a) 300.1210b) 300.1210d)2) 300.1220b)8) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Attachment A Section 300.1210 General Requirements for Nursing and Personal Care Statement of Licensure Violations b) The facility shall provide the necessary care

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care

TITLE

(X6) DATE

12/19/18

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Based on interview and record review, the facility

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FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: C B. WING IL6001929 11/28/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1000 DIXON AVENUE** SAUK VALLEY SENIOR LIVING **ROCK FALLS, IL 61071** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 5 S9999 patient may have been in this condition, the nurse stated she thought maybe for the last hour. R1's emergency room physician notes dated November 24, 2018 shows the patient is nonverbal at baseline and has a tracheostomy with inner cannula noted to be completely obstructed. R1's tracheostomy was congested. On arrival, the patient's trach site was suctioned and inner cannula was changed with significant improvement in her symptoms and she was no longer in any respiratory distress. R1's ER discharge diagnosis was inner cannula obstruction. R1 was discharged back to the facility. V8's ER triage note shows R1 was short of breath for an hour at the facility and this was concerning for neglect. R1's November 2018 Treatment Administration Record (TAR) shows a current orders to provide trach care daily and as needed (prn), suction the trach as needed, and to change the trach inner cannula daily and as needed (prn). The facility's Tracheostomy Care Policy dated January 16, 2012 shows residents who have a tracheostomy will have trach care done daily, or when needed to keep the airway clean and unobstructed. The facility's Emergency Transfer to Acute Care Setting Policy dated December 22, 2017 shows in the event a resident requires emergency care beyond the scope of that provided by the staff of a long term care facility, that resident shall be transferred to an acute care setting. In extreme emergencies implement "911" for immediate assistance as indicated by the injury or condition. (A)

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